

APPLICATION FOR
**RECIPROCAL TEACHING AND
RECIPROCAL ADMINISTRATIVE CERTIFICATION**

ARIZONA DEPARTMENT OF EDUCATION - CERTIFICATION UNIT
Mailing Address: P.O. Box 6490, Phoenix, AZ 85005-6490 • Phone: (602) 542-4367

For use by applicants possessing a current teaching and/or administrative certificate/license from another state requesting Arizona Certification in the following areas: Arts Education, Early Childhood Education, Elementary Education, Secondary Education, Special Education, Superintendent, Principal and/or Supervisor. Applicants who hold a valid, comparable CTE certificate from another state may also use this form to apply for a Provisional CTE certificate under option D.

GENERAL INFORMATION

In order to qualify for a Reciprocal teaching or administrative certificate, you must hold a valid, comparable teaching or administrative certificate from another state. The Structured English Immersion (SEI) endorsement and Certification exam requirements may be waived for three years under the rules of reciprocity. Applicants who hold valid, comparable English as a Second Language (ESL) certificate or endorsement from another state may apply to add a full ESL endorsement in order to meet the SEI Endorsement requirement.

INSTRUCTIONS

Step 1: Apply for an Arizona Department of Public Safety Identity Verified Prints (AZDPS IVP) fingerprint clearance card. You may order an IVP application packet by calling (602) 223-2279.

Step 2: Submit the following documents:

Checklist:

- ☐ Completed Application for Reciprocal Teaching and Reciprocal Administrative Certification.
- ☐ A CHECK OR MONEY ORDER for the amount due, made payable to the Arizona Department of Education (ADE). **Fees are not refundable even if you do not qualify for the certificate(s) or endorsement(s) you apply for.** Cash will not be accepted.
- ☐ A photocopy of your valid AZDPS IVP fingerprint clearance card (plastic)
- ☐ A photocopy of your valid, comparable teaching or administrative certificate from another state.
- ☐ **Official transcript(s)** posting a Bachelor's or more advanced degree. A Master's or more advanced degree is required for administrative certificates. Photocopied or unofficial transcripts will NOT be accepted.
- ☐ If you answer "Yes" to any Criminal History questions, submit a completed [Explanation of Incident form](#).
- ☐ (For Administrative Certificates Only). Additional requirements for Reciprocal Administrative Certificates may be downloaded from the Arizona Department of Education website (<http://www.azed.gov/educator-certification>). Please refer to complete requirements prior to making application.
- ☐ (For Reading Endorsement Only). Submit a [Verification of PreK-12 Teaching Experience form](#), signed by a district superintendent or personnel director, verifying 3 years of full-time PreK-12 teaching experience.

Step 3: If applicable, submit appropriate documentation to qualify for exam waiver(s). Information on exam waivers may be downloaded from the Arizona Department of Education website. Documentation which may be used to waive exam(s) includes:

- ☐ "[Verification of PreK-12 Teaching Experience form](#)", signed by a district superintendent or personnel director, verifying 3 years of full-time PreK-12 teaching experience.
- ☐ Official score report(s) for comparable out-of-state educator certification exam(s). Test scores older than 10 years will NOT be accepted. Score report must show "Pass" or "Passed".
- ☐ A photocopy of a valid, comparable certificate from the National Board for Professional Teaching Standards.

Step 4: The Certification Unit will review your application to determine if you meet Certification requirements. If you qualify, you will receive a Reciprocal certificate valid for three (3) years and a detailed evaluation informing you of requirements to qualify to transfer your certificate prior to expiration. * Reciprocal certificates may not be renewed or extended. You must satisfy all requirements to qualify for the Standard Teaching certificate or 6-year Administrative certificate in order to continue your Arizona certification.

* Note: The Reciprocal certificate may be valid for less than three (3) years due to certificate deficiency timeframes.

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SECTION 1: PERSONAL INFORMATION (TYPE OR PRINT IN BLUE OR BLACK INK)

Social Security Number - - **Date of Birth:** / / **Gender:** M/F

Full Legal Name: _____
 Last First Middle

Mailing Address: _____

Street Number or PO Box _____ City _____ State _____ Zip _____

() _____

Telephone Number _____ Email address _____

Ethnicity: ___ Asian or Pacific Islander ___ Black or African-American (Not Hispanic) ___ Hispanic or Latino
 White (Not Hispanic) American Indian or Alaskan Native Other

SECTION 2: CERTICATION TYPES AND FEES

TEACHING CERTIFICATES:

_____ ELEMENTARY (1-8)	\$60	_____ EARLY CHILDHOOD (Birth-Grade 3)	\$60
_____ Approved Elementary Area:	\$60	_____ SECONDARY (6-12) (ONE APPROVED AREA REQUIRED):	\$60
_____ ARTS EDUCATION (Pre K-12)			
<i>Select One:</i>		_____ Additional Approved Secondary Area (OPTIONAL):	
___Art ___Dance ___Dramatic Arts ___Music	\$60		\$60
_____ PREK-12 PHYSICAL EDUCATION	\$60		

SPECIAL EDUCATION, K-12:

CROSS-CATEGORICAL (ED, LD, ID, OI/OHI)	\$60	INTELLECTUAL DISABILITY	\$60
EARLY CHILDHOOD (BIRTH TO AGE 5)	\$60	ORTHOPEDIC/HEALTH IMPAIRMENT	\$60
EMOTIONAL DISABILITY	\$60	SEVERELY AND PROFOUNDLY DISABLED	\$60
HEARING IMPAIRED	\$60	VISUALLY IMPAIRED	\$60
LEARNING DISABILITY	\$60		

PROVISIONAL CAREER AND TECHNICAL EDUCATION (CTE) CERTIFICATES, K-12:

_____ AGRICULTURE, OPTION D	\$60	_____ EDUCATION AND TRAINING, OPTION D	\$60
_____ BUSINESS AND MARKETING, OPTION D	\$60	_____ HEALTH CAREERS, OPTION D	\$60
_____ FAMILY AND CONSUMER SCIENCES, OPTION D	\$60	_____ INDUSTRIAL AND EMERGING TECHNOLOGIES, OPTION D	\$60

RECIPROCAL ADMINISTRATIVE CERTIFICATES, PRE-K-12:

_____ PRINCIPAL	\$60	_____ SUPERVISOR	\$60
_____ SUPERINTENDENT	\$60		

ENDORSEMENTS:

A valid Arizona teaching certificate is required. Endorsements are valid for K-12 unless otherwise indicated.

_____ FULL ENGLISH AS A SECOND LANGUAGE (ESL) \$60 _____ READING ENDORSEMENT, GRADES (*SELECT ONE, REQUIRED:*)
GRADES: ____ K-8 ____ 6-12 ____ K-12 \$60

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SECTION 3: EDUCATION

Please submit all applicable official transcripts bearing the original seal or stamp of the registrar. Official transcripts may be opened.

	COLLEGE OR UNIVERSITY	LOCATION, STATE	DEGREE/MAJOR	DATE AWARDED
1)	_____			
2)	_____			
3)	_____			

(!) IMPORTANT: Please maintain copies of all your personal and professional records for future use.

SECTION 4: CRIMINAL HISTORY - ANSWER EVERY QUESTION, SIGN AND DATE

ATTENTION: If "YES" is indicated for any of the following questions, please attach a full explanation to this application, a statement must be provided with each application.

1. **YES__ NO__** Have you ever had any professional certificate or license revoked, surrendered or suspended?
2. **YES__ NO__** Have you ever received a reprimand or other disciplinary action involving any professional certification or license?
3. **YES__ NO__** Have you ever been convicted of any felony offense?
4. **YES__ NO__** **Have you ever been arrested for any offense for which you were fingerprinted?**
5. **Have you ever been arrested for any of the following offenses in this state or similar offenses in another jurisdiction?**

<p>YES__ NO__ a Second-degree murder</p> <p>YES__ NO__ b Aggravated assault resulting in serious physical injury or involving the discharge, use or threatening exhibition of a deadly weapon or dangerous instrument against a minor under fifteen years of age</p> <p>YES__ NO__ c Sexual assault</p> <p>YES__ NO__ d Molestation of a child</p> <p>YES__ NO__ e Sexual conduct with a minor</p> <p>YES__ NO__ f Commercial sexual exploitation of a minor</p> <p>YES__ NO__ g Sexual exploitation of a minor</p> <p>YES__ NO__ h Child abuse</p> <p>YES__ NO__ i Kidnapping</p> <p>YES__ NO__ j Sexual abuse of a minor</p> <p>YES__ NO__ k Taking a child for the purpose of prostitution as prescribed in section 13-3206</p> <p>YES__ NO__ l Child prostitution as prescribed in section 13-3212</p> <p>YES__ NO__ m Involving or using minors in drug offenses</p>	<p>YES__ NO__ n Continuous sexual abuse of a child</p> <p>YES__ NO__ o Attempted first-degree murder</p> <p>YES__ NO__ p Any other dangerous crime against children as defined in section 13-604.01</p> <p>YES__ NO__ q Any of the above listed offenses if committed as a reparatory offense as described in section 13-1001</p> <p>YES__ NO__ r Any offense causing you to register as a sex offender</p> <p>YES__ NO__ s First-degree murder</p> <p>YES__ NO__ t Armed Robbery</p> <p>YES__ NO__ u Incest</p> <p>YES__ NO__ v Exploitation of minors involving drug offenses</p> <p>YES__ NO__ w Sexual abuse of a vulnerable adult</p> <p>YES__ NO__ x Sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ y Commercial sexual exploitation of a vulnerable adult</p> <p>YES__ NO__ z Abuse of a vulnerable adult</p> <p>YES__ NO__ aa Molestation of a vulnerable adult</p> <p>YES__ NO__ bb Neglect of a vulnerable adult</p>
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I UNDERSTAND THAT PURSUANT TO A.R.S§ 15-534, ANY PERSON WHO MAKES A FALSE STATEMENT, REPRESENTATION OR CERTIFICATION IN ANY APPLICATION FOR CERTIFICATION IS GUILTY OF A MISDEMEANOR OFFENSE. I SWEAR OR AFFIRM THAT THE FOREGOING INFORMATION COMPLETED BY ME, OR SUBMITTED BY ME FOR CERTIFICATION PURPOSES IS, TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT. FURTHERMORE, SHOULD ANY PART OR ALL OF THE INFORMATION HEREIN PROVIDED PROVE TO BE FALSE, I RECOGNIZE THAT IT SHALL BE JUST CAUSE FOR REVOCATION, SUSPENSION, OR OTHER DISCIPLINARY ACTION AGAINST ANY CERTIFICATE ISSUED TO ME BY THE ARIZONA DEPARTMENT OF EDUCATION.

Applicant's Signature

Date

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Did you:

Checklist:

- ☐ Check all certificate(s) and endorsement(s) you are applying for?
- ☐ Indicate an approved area if applying for a Secondary certificate?
- ☐ Answer all Criminal History questions, sign, and date the application?
- ☐ Include a statement for any “Yes” responses to Criminal History questions?
- ☐ Submit a check or money order for the correct amount?
- ☐ Submit all required documentation?

Mail application and all other materials to:

Arizona Department of Education-Teacher Certification
PO Box 6490
Phoenix, AZ 85005-6490